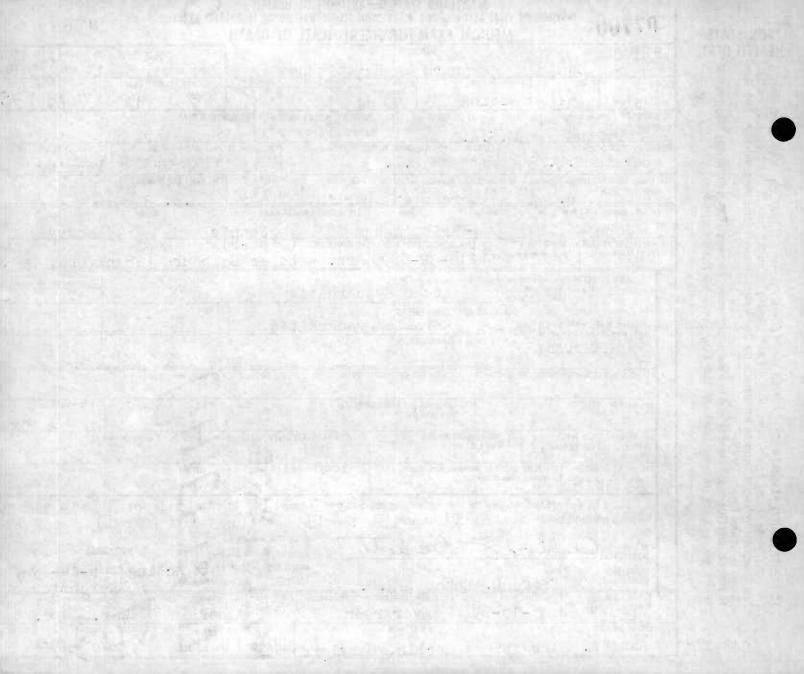
/		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		07699 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	09171
HEALTH DEPT.	1. D	ECEASED-NAME First Middle Last 2a. DATE KNOWN Month	Day Yeor 2b. HOUR
	- (	Type or Print) JAdie Rounds Ayers DEATH MATED MAY	30 1899PN
ny delay is 2, and 3 to PM3. Page	3. 5	EX 4. RACE 5. DATE OF BIRTH , 6. AGE (In years IF NOER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
ano ano m3.		1- Negro Dec 18 1896 42-YRS. MONTAS DAYS HOURS MIN. Month Doy	Year 69 90 M
22, 1		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form form	caur	WIDOWED DIVOKCES TO	Mo
Pag Pag vith	10. (		12b. KIND OF BUSINESS OR INDUSTRY
er d Sive ng v h th	130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. ATY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
hours ofter death any Item 18. Give Pages 1, 2, coffice olong with form Phond 2 with the Stote Departation of ter Weath C	0	dmission) STATE Ma 13b. COUNTY WOR. BERLIN YES IND IT R3BOX1931	Branch St.
1 hours office soffice soffice soffice	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle TS124 WATERS	Collick
INER: This certificate should be executed within 24 hours ofter death be certificate, writing the word "pending" in pepcifical Item 18. Give Pages 1, should be farwarded to the Chief Medical Expenier's Office olong with form files.  3 should be used as burial-transit permit. File pages I and 2 with the State Depotion, or removal, and in any event within 72 haurs after death.		WAS DECEASED EYER IN U.S. ARMED FORCES?  (If yes give wor or dolles of service) 215-12-6613 MRS GRACE R. AHS Aughter BRAN	130 × 193 wh St Beclin Ma
xecuted will riding" in pe Medical Expl permit. File it within 72		18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
cute ng" dical		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  A 5 C U D	10 CFORS
e execut pending ef Medice sit permi		4/d4 DUE TO, OR AS A CONSEQUENCE OF	1
be be hief		Canditians, if any, which gave rise ta immediate couse (a), (b)	
should be e ne word "per to the Chief I burial-tronsit	100	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
A se to de sall		(c)	
is certificate should be executed with the writing the word "pending" in performed to the Chief Medical Express used as a burial-transit permit. File removal, and in any event within 72	×	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
writ writ wort	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This of icote, be fall be u	ERTIF		YES NO P
TY DICAL EXAMINER: This certify, please execute the certificate, writh and director. Page 4 should be farwan be retained for your files.  AL DIRECTOR: Page 3 should be used prior to buriol, cremotion, or remova	MEDICAL C	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite	∍m 18.)
he c she s she s file 3 st	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City ar Town	Caunty State
bical Examiners se execute the cerctor. Poge 4 should ned for your files. ECTOR: Poge 3 should buriol, cremotion		WHILE NOT WHILE factory, office building, etc.)	A 1 1 5 5 7 1 5 5 7 1 5 5 7 1 5 7 5 7 5 7
AL EXA execute ir. Poge J for you TOR: Pog		220. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry	, ond in my opinion
olicase explicase explications director.	34	deoth resulted from: Noturol couses 🔲, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined monner (	
pleose directretoine etoine or to b	3	ACTUAL CHIEF MEDICAL EXAMINER COLDANGE	
EPUTY SSSOTY, F funerol ay be r INERAL		SIGNATURE	SIGNED SC CC
necessory, please execute the the funerol director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to buriol, crem		EXAMINER'S F.J. TOWNSEND, TR CAPORESTERPER, RUNLOWING FORDERS	4 21,09
TO DI the 5 mi	23a	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
		REMOVAL (Specify) 6-3-69 Mt. Wesley Snow Hill	WORC - Md
VR ATSME (S)	24.	FUNERAL DIRECTOR  Jersey M. N. 42  250. RECD BY REGISTRAR 69 25b. REGISTRAR 3	HIGNATURE ASPE
10M REV. 1/18		Soretta 2, Jalley - Sallisbury, Md. DAR.	<i>g y</i>
110			

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2	MARYLAND STATE DEPARTMENT OF HEALTH
FOD STATE	07701 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  07690
FUK STATE	MEDICAL EXAMINER S CERTIFICATE OF DEATH
HEALTH DEPT.	(Type or Print)
ay is 3 ta Page ent af	JULIA ELLEN HANCOCK DEATH MATED MAY 19 19 19 19 19 19 19 19 19 19 19 19 19
delay nd 3 3. Pa ment	lost birthday) MONTHS DAYS HOURS MIN Mand
any delay 2, and 3 PM3; Pag pariment	Female White 8-25-1966 2 YRS.  70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH
- 2	(cupty)
th. Iges h fo tate	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
deg wit wit	Pocomoke City   give s204dreff ourth Street   during mast of working life, even if retired.)   INDUSTRY
fter Giv ang th ti	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
s afte 18. Gi e alang 2 with death	VTirigi Ha V3b. COUNTY Richmond YES 1 NO □ 205 South Bldv. Apt. 11
haurs after death. Item 18. Give Pages Office alang with fai land 2 with the State after death.	14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost
within 24 haurs after death.  Impedicil in Item 18. Give Pages Examiner's Office alang with far Eiler pages 1 and 2 with the State in 72 haurs after death.	William John Hancock Mary Elaine Evans
within peacil xaminel ile page 72 hau	16a. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes. no. ar unknown)  (If yes give wor or dates of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  Richmond,  Mrs. Mary Elaine Hancock
Eile Z	in and the first hard brains harden, virginia
be executed "pending in iief Medical E. Insit permit. Eevent within	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
xecute nding Medica permit	IMMEDIATE CAUSE (a) Competation of muchous and Nava 5 minetes
be execut pending ief Medic ief medic svent wit	Conditions, if ony, which gove )  DUE TO, OR AS A CONSEQUENCE OF
d b d b d d b d d d d d d d d d d d d d	rise to immediate couse (o). (b) reactions the secondary of Nuclearing Italy
shauld be executed with eward "pending" in Toe a the Chief Medical Example transit permit. Eite in any event within 72	stating the underlying couse DUE TO, OR AS A CORSEQUENCE OF Lost.
INER: This certificate shauld be executed e certificate, writing the ward "pending" shauld be farwarded to the Chief Medical files.  3 shauld be used as a burial-transit permittation, or remayal, and in any event within	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH/BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN N PART 1(c)
nis certificate ite, writing the farwarded to be used as a b remayal, and	
INER: This certificate, writ should be farwar files. 3 should be used asharian, ar remaya	190. DATE OF OPERATION  190. DATE OF OPERATION  190. DATE OF OPERATION  WAS PERFORMED? Panillon & January  210. EPIERNAL CAUSE WAS  PRIMARY OR CONTRIBUTING HOUR A.M.  190. DATE OF OPERATION  WAS PERFORMED? Panillon & January  PRIMARY OCCURRED (Enternature of injury in lort 1 of Port 2, Item 18.)  PRIMARY OCCURRED (Enternature of injury in lort 1 of Port 2, Item 18.)  216. INJURY OCCURRED (Enternature of injury in lort 1 of Port 2, Item 18.)
This ciate, be failed be und be under remaining	asril 6. 1969 WAS PERFORMED? Papilloma of larunx YES NO IN
Thico iffica d be d be uld t	21o. & TERNAL CAUSE WAS 21o. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M.
IER: certifi nauld les. shauld tian, c	CAUSE OF DEATH P.M. 19
	Signer of the of
bical Examiner: The se execute the certificate star. Page 4 shauld be ned far yaur files. ECTOR: Page 3 shauld to burial, crematian, ar	AT WORK AT WORK
AL AL far far far or. Pc	22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion
directar.	death resulted fram: Natural causes W, Accident , Suicide , Hamicide , Undetermined manner
please direct direct of please are table ar tabl	ACTUAL CHIEF MEDICAL EXAMINER COLL PAYER COL
EPUTY SSSGTY, funeral agy be INERAL	SIGNATURE  SIGNATURE  DEPUTY MEDICAL EXAMINER  22b. DATE SIGNED  5-20-69
TO DEPUTY DICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far yaur TO FUNERAL DIRECTOR: Page Health prior to burial, cren	NAME (Type) Lloyd O. Long, M. D., 164 Bay Street Add Grown, Hill, or Moby) Worcester
TO DI nece the 5 m 6 FU Heal	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY TRANSPORT 23d. LOCATION (City or Town) (County) (Slote)
	Burna Pocomoke City-WorMd.
0.0	24 FUNERAL DIRECTOR , ADDRESS 250. REC'D BY REGISTRAR 250, REGISTRAR'S SIGNATURE
VR A15ME (5) 10M REV. 1/68	Robert H. Watson Pocomoke City, Md. MAY 2 3 1969
12/	Robert H. Watson

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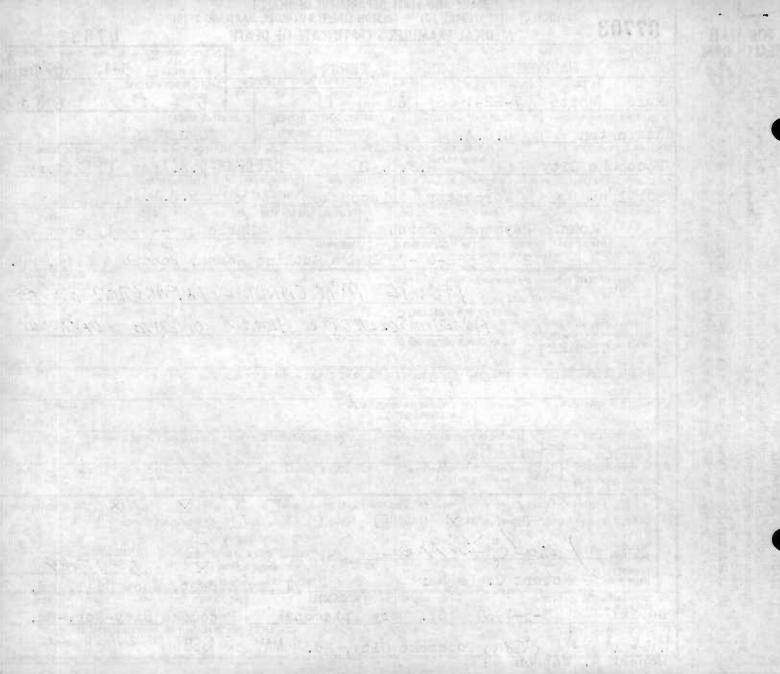
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07702 CERTIFICATE OF DEATH 07692 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND within 72 hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) BERLIN e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS NO X NAME OF Middle 4. DATE Year carban First Lost DECEASED ARVIS OWARD DEATH (Type or print IF LINDER 24 HRS 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED ond in ony puo 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? physikian c during most of working life, even if retired) **WDUSTRY** WORCESTER-BERLIN-MA TETIRED AINI 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removal. COFFIN omAS 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) BERLIN, OR -01-0 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. signed by DUE TO buriol Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse as the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) hos NO I this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED (City or town) Hour o.m foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this haspital) attended the deceased fram ware 1969, and that death occurred at 4 P. M. fram causes and an the date stated above saw the deceased alive an\_ FUNERAL DIRECTOR: 22b. DATE SIGNED 22o. SIGNATURE M.D. PHYS. DIRECTOR PHYS Bay St., Snew Hill, Md. 21863 22c. PHYSICIAN'S director, po should be f Lleyd O. Leng, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF (County) (Stote) BURIAL (Specify) 1969 WORCESTER AUIS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Milanday Undaka VR A15 (4) 25M 1/67

A TRACE LA ACT LA COLLEGE DE LA PORTE RESTAULT A PART OF THE PART

13.13. 4.11. 3.21. 3.21.63.

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7.	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07693
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN ST Month Day Year 2b. HOUS
Page of is	RAYMOND JOHN KERSH DEATH MATED 5-1 169/7600
	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years   IF UNDER 1 YEAR   IF UNDER 24 HRS   2c. DATE PRONOUNCED DEAD   2d. HOU] Mail to the state of the
PM3.	Male White 7-22-1908 60 YRS. 50 To BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
after death. Only of Give Pages 1, 2, a railong with form PM with the State Deport	Washington U.S.A. WIDOWED DIVORCED WORCESTER
arth. Tages th fo	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR
hours after death.  Iftem 18. Give Pages 1,  Office along with form  land 2 with the State De  ofter death.	Pocomoke City    It. Name of noisyllat ok institution (if not in naspital during noist of working life, even if retired.)   INDUSTRY   Retired.   U.S. Army   Military   INDUSTRY   Military   INDUSTRY   INDUSTR
offer along with deoth.	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 13d. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 13d. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 13d. CITY OR TOWN 13d. CITY OR TOWN 13d. CITY LIMITS? 13e. STREET AND NUMBER 13d. CITY LIMITS? 13e. CITY
da d	
within 24 hours after death. pencil in Hem 18. Give Pages cominer's Officeralong with for le pages land 2 with the State 72 hours ofter death.	John Raymond Kersh   Middle Lost   IS. MOTHER'S MAIDEN NAME First Middle Lost   Lost   Marie LA Brot
thin 24 notil in niner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
L within pend no pend	(Yes, no, or unknown) ("Tween ware dottes of service) 532-07-7952 Mrs Gettine Kersh, Pocomoke City, Md.
ol Ey	18. CAUSE OF DEATH (Enter only one cause per line for (1), (b), and (c) - MYO CAR OLAL LAFEAR TWEN ONSET AND GRATH PART I. DEATH WAS CAUSED BY:  APPROXIMATE INTERVAL BETWEEN ONSET AND GRATH PART I. DEATH WAS CAUSED BY:
executed nding" ir Medical I permit.	IMMEDIATE CAUSE (a) 1500 12 7 10 CTYTO DIOS 10 TOTAL TROOP TATAL T
be executed "pending" in nief Medical E. sonsit permit. Fevent within	Canditions, if any, which gave ) DUE TO, OR AS A CONSEQUENCE OF CANDITION OF AS A CONSEQUENCE OF CONDITION OF C
ord	rise to immediate cause (a), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
should be e ne word "per to the Chief I buriol-transit I in ony ever	last. (c)
ng d the	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
tifico ardec d as vol. a	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 120. AUTOPSY?
this certificate, writing the forward be used as removal,	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTOPSY?  YES NO   21o. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item 18.)
This ficate be be do be ar re	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
INER: T e certific should b files. 3 should atrion, ar	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home form street 21f LOCATION Street or R.F.D. No. Gity or Town. County State
	State of the state
re og og	AT WORK AT WORK
CTOR: Puriol,	22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection 🔀, Inquiry 🔀, and in my apinia
pleose directo retoined DIRECTO DIRECT	death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner
y, ple trol di se reto AL Di priar	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
Sary Sary Juner y be TERA	DEPUTY MEDICAL EXAMINER & 5-1-69
ro DEPUTY SICA necessary, pleose esthe funeral director. 5 may be retained for FUNERAL DIRECTOR Health priar to but	NAME (Type) Robert C. La Mar PORSS Bay's Street, Snow Hill, Md.
D = 20 H	230. BURIAL (REMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY PRXXXMUTRY 23d. LOCATION (City or Town) (County) (State)  Burial (Specify) 5-3-1969 St. Mary Episcopal Pocomoke City-WorMd.
	24. SUNERAL DIRECTOR 1 1 A ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
VR A15ME (5)	Court 14. 1) at San Pocomoke City, Md. DAMAY 5 1969 yourses Judge.
M	Robert H. Watson

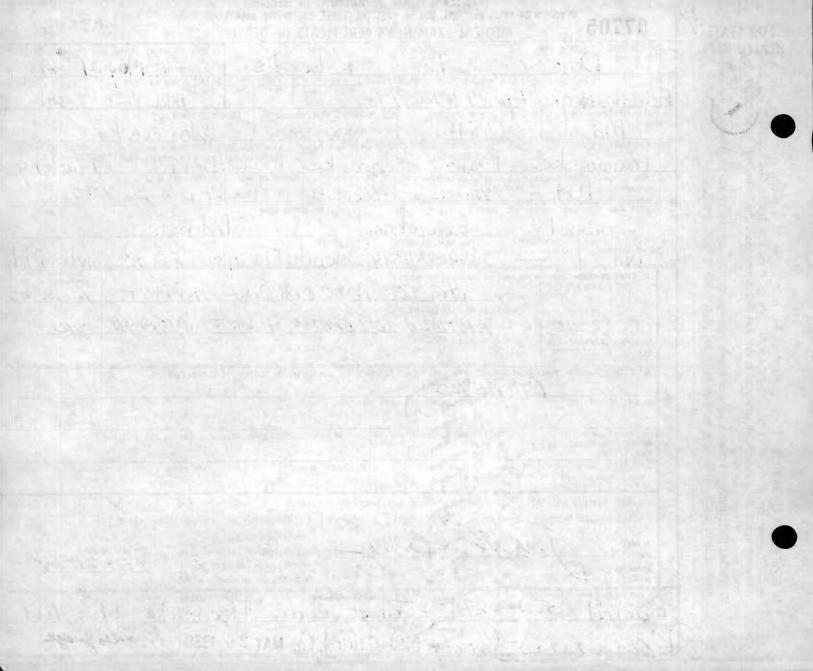


W/	6 1			OHHO!	DIVIS	ION OF VITAL RECORDS,			T, BALTIMOR		YLAND 21201		
				07704				TE OF DE				7694	
	4 - 24			CEASED-NAME Fi		Middle		Lost	20.	DATE OF D			2b. HOUR
	era and deat		(ly	(pe or print) Harl	ey	Bowen	Mer	ris		May	Month 1969	Yeor	8A M
	fun		3. SEX	(	4. RA	ACE	S	DATE OF BIRTH	11/2-13/1		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	aft the safes			Male		White	Ma	arch 3	, 1891		last birthdoy)	MONTHS OAYS	HOURS MIN
	aurs de p	)		IRTHPLACE (Stote or foreign	7b. CITI	ZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COI	JNTY OF D	EATH		
	24 haurs after death. ed in-by the funeral press. Pages I and 2		count	Delaware		USA	WIDOWED	DIVORCED		Vorc	ester	O. L. William	Md.
	ithin 2 ly fille an pa within	10		TY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INS give street oddress)	titution (If not	in hospitol	during most of	UPATION (. working li	Kind of work done fe, even if retired.)	12b. KIND OF E	
	Se executed within 24 haurs after death and completely filled in-by the funeral remave carban papers. Pages 1 and 3 in any event, within 72 bours after death	72	13o. I odmis	USUAL RESIDENCE (Where decision) STATE Maryla	osed lived,	, if institution: Residence before COUNTY Worcester	13c CITY OR T	VE	INSIDE CITY LIMITS?		ET AND NUMBER		
/ (	and co		14. F/	ATHER'S NAME First		Middle Lost	15.	MOTHER'S MAIDE			Middle		Lost
	die g	/		Levir		Merris		Sall	ie W.	Valk			
	ertificate be physician nen please naval, and ir		160. Ye		e war or dates	of service)	1000	ORMANT			Address		
	phy en ava			Hea Me	rle	# 1214-34-53		la Mori	ris Bi	hop	ville, M	APPROXIM	VATE INTERVAL
	attending permit. The	999		1B. CAUSE OF DEATH (Enter	only one co	ouse per line for (o), (b), and (c).		1	0				ISET AND GEATH
	end mit.	78.		PART I. DEATH WAS CAU	DIATE CAUS	E (0) Carcin	oma	- %	Xuu	7		11	fear.
	ath perrian,			1621		IE TO, OR AS A CONSEQUENCE OF		0		0			
	t the sit p	761		Conditions, if ony, which gov rise to immediate couse (o	e)	(b)							
	tha an. by rran	10		stoting the underlying cous	e DU	E TO, OR AS A CONSEQUENCE OF						150	
	res rici rial-lial-lial-lial-			lost.	)	(c)							
	r requires than many physician. en signed by he burial-transto burial, crem			PART 2. OTHER SIGNIFICANT	ONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DIS	SEASE OR CONDIT			3-41	
	The lay attendi has be se as t	V	CERTIFICATION	190. DATE OF OPERATION	b. CONDITIO	ON FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY	? NO 🔲		YES, WERE FINDINGS CO OF DEATH?	ONSIDERED IN CE	RTIFYING
	ar ar us	1		210. ACCIDENT WAS UNDERL	ING 2	1b. TIME OF INJURY		INJURY OCCURR	RED (Enter notur	e of injury	in Port 1 or Port 2, I	tem 18.)	
	CAN Indicated the second the seco	737	MEDICAL	OR CONTRIBUTING CAUSE OF C	EATH H	OUR A.M. Month Doy Yeor P.M.							
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerpage 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and signification, page 3 shauld be detached far use as the burial-transit permit. Then please rema shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any		W	21d. INJURY OCCURRED 2 While Not while	e. PLACE O	OF INJURY ( AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	TORY,) 21f. LOC				r Town	County	Stote
	ING Interpretate			22a. I certify that (I)	this hasp	pital) attended the decease	ed fram_Se	pt. 5	_, 19_63,	ta Ma	ay 2 , 19	69_, that	(I) (we) last
	TEND ined bors. Af auld bould but the S			saw the deceased causes stated abo	alive ar ve, (J) (v	oital) attended the decease 1 <u>Apr</u> 12 we) (gid) (did nat) view the	9_69, and bady after de	that in (my) ( ath.	(aur) apinion	death a	curred an the da	te and hour o	and fram the
	OR AT PECTON SHIP OF WITH	1		22b SIGNATURE	6	Lewis n	D DEGREE	ATTENDING PHYS.	MED.	ır 🗆	STAFF PHYS.	S-3-6	9
	MAL D RAL D RAL D	-		22d. REPYSICIAN'S NAME (Type) Jac	k C.	Lewis, M. I	).	22e. ADDRES	Selbyvi	lle	, Delawa	re	
	e 4		230	BURIAL CREMATION. 23	b. DATE	23c. NAME OF	CEMETERY OR C		23d	LOCATION	l (City or Town)	(County)	(Stote)
	Pag O Fire Sho		200.	REMOVAL (Specify)	Maw	5. 1969 0		lews	B				
	VR A15 N	Design	24.	FUNERAL DIRECTOR W	hal	ly Sellies	elle se	250	o. REC'D BY REG	ISTRAR 1969	256. REGISTRAR'S	SIGNATURE	e.
		11 11	_			1		-			1 1/		

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	-	\/1		MAKYLAND STATE DEPARTMENT OF HEALTH	
		4		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	07695
	FOR ST	TATE 4		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01039
H	EALTH	DEPT	1. D	FEFASFD-NAME First Middle O lost & 20 DATE KNOWANTON Month	Doy Year 2b. HOUR
	1.1	DLI II	(	(ype or Print)	
	一子 学	2			2/ 1969 M
	0 0	25	3. S	A MANUAL MANUAL DAVE MANUAL MA	2d. HOUR
	2 and 3 PMS Po	=	10	male Nearo Apr. 17, 1892 77/YRS. MUNITS DATS HOURS MIN. Month May Doy 21	Yeor 1969 M
1	E 2 2	8		BIRTHPLACE (Stote or foreign 7b. CITHEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	-/=	9	coun		No.
	h. ges fo	ote	10.0	70000	12b. KIND OF BUSINESS OR
	Po	\$ 4 A	10. (	give (Tipe t address)	INDUSTRY
	2 0 0	£ ()0	3	rocomoke Kural-rocomoke Laborer	Factory
	Gi	毛毛"。	130.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 135 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
	0 0	deoth	0	dission) STATE 13b. COUNTY Orces er Boomo ke YES 10 NO 18 RF. D. 2 Bx. 3	372
	hours after death. Item 18. Give Poges Office olong with fo	er er	14. F	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First . Middle	Lost
	5 to 2	1 and 2 ofter		Sand Rangham Halanana	
	in 24	es	11.	Samuel Beauchamp Unknown	
	within pencil camine	poges Land 2 with the Stathours often death		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  ADDRESS	MI
	be executed within 24 hours after death "pending" in pencil in Item 18. Give Poge nief Medicol Examiner's Office olong with '	File n 72		No 219-07-0514 Juanita leagle R.F.D. Hoca	
	ا ا ا ا	E .e		18. CAUSE OF DEATH (Enter only one cause per line for p), (b), and (c).)	APPRDXIMATE INTERVAL BETWEEN DISET AND DEATH
1	9:00	in it		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HOVE MY O CARDING INTERCT	MINUTES
	din	per t w		14-10 9 DUE TO, OR AS A CONSEQUENCE OF	1111101010
	pe execute pending" ef Medicol	sit /en			- 110-
	9 - i	e		vice to immediate course (a)	TRS
A)	oro oro	on)		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
21.	INER: This certificate should be executed within 24 hours after death e certificate, writing the word "pending" in pencil in Item 18. Give Pog should be farworded to the Chief Medicol Examiner's Office olong with	be used as o buriol-transit permit. File removol, and in any event within 72		lost. (c)	
10	t t	o pu	38	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
1	ing	0 ' 0		DIARETES	
	vor	3 should be used as notion, or removol, o	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
	far, v	Sh m	FICA	WAS PERFORMED?	YES NO
	ER: This certificate, ould be for	9 2	ERTI	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2. Ite	
	THE P	o, or	11 0	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite	m 18.)
	Ser Cer	hoi ion	MEDICAL	CAUSE OF DEATH P.M. 19	
	S of the second		ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
	A te	your mes. age 3 shoul cremotion,		WHILE NOT WHILE foctory, office building, etc.)	
		iol, o	23		and in my aninian
	AL exe r. F	CTOR: P buriol,			and in my apinian
	Se se	EC P		death resulted fram: Natural causes 🔀, Accident 🗌, Suicide 🗍, Hamicide 🔲, Undetermined manner (	
	pleose	DIRE T to		CHIEF MEDICAL EXAMINER	
	d b	RAL DIRECT prior to bu		SIGNATURE ACTUAL SIGNATURE AMD. ASSISTANT MEDICAL EXAMINER 22b. DATES	- / /
	ory ner		73	EXAMINER'S DEPUTY MEDICAL EXAMINER 5	-21-69
	o DEPUTY COICA necessory, please extra the funeral director.	FUNE		NAME (Type)  ADDRESS(Street, city, town, or county)	
	necessory, the funera	O FUNERAL DIRECTOR: Page Health prior to buriol, crem	23n	BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d-+OCATION (City or Town)	(County) (State)
	-	=	6	NEMOVAL Specify	L- MI
			24	parial Propries Certifications	OV, I'Id.
	1/0	A15ME (5)	1	1 12 11/1 2000 1/7 1000	
		REV. 1/68	K	Prince X Rew Church, Va DAMAY 2 6 1969 (Course	1 Pro
		Vol			



	1		<b>07706</b> Item23 FilmG413		301 W. PRESTON STREET, E	BALTIMORE, MARYLAND 21201 TH	07696
	death.		ECEASED-NAME First Type ar print)	Middle Mae	lost Vickers	20. DATE OF DEATH  5 Month 23 Doy	2b. HOURT 1969 11; 15
	executed within 24 haurs after death id completely filled in by the funeral amave carban papers. Pages 1 and 2 any event, within 72 haurs after death	3. SE	Female	4. RACE	S. DATE OF BIRTH	6. AGE (In years loss birthday) YRS.	HONTHS OAYS HOURS MIN.
•	4 haurs 1 in by sers. Po	conf	Maryland	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		. Md.
	equires that the death certificate be executed within 24 hau physician.  signed by the attending physician and completely filled in b burial-transit permit. Then please remave carban papers. burial, crematian, ar removal, and in any event, within 72 har	Wh	CITY OR TOWN OF DEATH		Home duri	USUAL OCCUPATION (Kind of work dane no most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY OW NU HOME
	completed value completed value carl	adm	ission) STATE Marhland		Whalehvill E.	REU	
	on and se remiding and in any		FATHER'S NAME First		IS. MOTHER'S MAIDEN NA Sally I		Last
	prysicia en plea oval, an		XX	war or dates of service) 218-05-	8585 Beulah	Lewis Wheleyvil	APPROXIMATE INTERVAL
	that the death certificate on.  by the attending physicial ransit permit. Then pleas crematian, ar removal, and		1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIA	nly one cause per line far (a), (b), and (c) ED BY: ATE CAUSE (a)	myoe	ordités	BETWEEN ONSET AND DEATH
	at the att		Canditions, if ony, which gave rise to immediate cause (a),	(D)	wie my	ocordités	
5	the law requires the attending physician. has been signed by se as the burial-traith priar ta burial, cre		last.  PART 2 OTHER SIGNIFICANT COL	(c) LANDITIONS CONTRIBUTING TO DEATH BUT N	Cotes.  OT RELATED TO THE TERMINAL DISEAS	E ORCONDITION GIVEN IN PART 1(a)	
is di	the law required attending places been since as the but he priar to but	TION		. CONDITION FOR WHICH OPERATION WAS PI		20b. 1F YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
0	IAN: The law rei	CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN	NG 21b. TIME OF INJURY	YES 🔲	CAUSES OF DEATH?  (Enter noture of injury in Port 1 or Part 2,	Item 18.)
	PHYSICIAN: le haspital al his certificate stached far i Dept. af Hea	MEDICAL	OR CONTRIBUTING CAUSE OF DEA! (If either, natify medical exomi) 21d. INJURY OCCURRED 21e.	iner) P.M.	9 CTORY.) 21f. LOCATION Street or R.F.	.D. Na.	County Stote
	ING PH by the h ter this se detact tate Dep		While Not while at work 22a. I certify that (I) (th	his haspital) attended the deceas	ed fram 1-1-59	19 ta S-23-11	57, that (I) (we) last
	ATTENDING stained by th CTOR: After t shauld be da ith the State		caw the deceased a	alive an 5-2/-69 re, (I) (we) (did) (did nat) view the	bady after death.	Tapinian death accurred an the do	ate and haur and from the
	y be rely be rely be rely gage 3 s filed wi		22d. PHYSICIARYS	De Soh	DEGREE PHYS.	DIRECTOR PHYS.	,
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far u shauld be filed with the State Dept. at Healt	230	NAME (Type)  BURIAL CREMATION. 23b.		CEMETERY OR CREMATORY	234 JOCATION (City or Town)	(County) (Stote)
	P D P S S		REMOVALY(Specify) 5	6/27/1969 Da	2So. R	EC'D BY REGISTRAR"	VERCESIER MC
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